

INSTRUCTIONS

CFS-6013

(Application For Emergency Services)

- Section I.** Fill in the Case Name, Case Number, and County where the case is being handled.
- Section II.** Identify the family member(s) with the full name, birth date, relationship, sex and race.
- Section III.** Check all that apply.
- Section IV.** Check "Yes" or "No"
Insert the date that the services are first authorized.
Write in the DCFS staff member's name.
The DCFS staff member must sign the form.
The DCFS staff member must date the form.